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PTO/SB/21 (6-99)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/902,572
Filing Date	July 10, 2001
First Named Inventor	Ashkenazi, et al.
Group/Art Unit	1636
Examiner Name	Leffers, Jr., Gerald G.
Attorney Docket Number	39780-1618P2C40

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> FEE TRANSMITTAL FORM <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Version With Markings Showing Changes <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> EXTENSION OF TIME REQUEST (1 MONTHS - \$110.00) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Copy of Notice	<input type="checkbox"/> Copy of an Assignment <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, by Assignee to Exclusion of Inventor Under 37 C.F.R. §3.71 With Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input checked="" type="checkbox"/> NOTICE OF APPEAL <input type="checkbox"/> Additional Enclosure(s) (please identify below): <input checked="" type="checkbox"/> STAMPED RETURN POSTCARD
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

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Signature	Daphne Reddy			
Date	April 14, 2004	Customer Number:	35489	

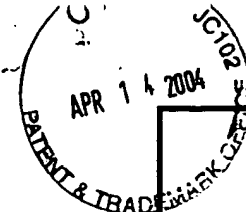
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FEE TRANSMITTAL for FY 2004 <i>Effective 01/01/2004. Patent fees are subject to annual revision.</i>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT	(\$) 640.00
Complete if Known	
Application Number	09/902,572
Filing Date	July 10, 2001
First Named Inventor	Ashkenazi, et al.
Examiner Name	Leffers, Jr., Gerald G.
Art Unit	1636
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METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-1641 (Docket No. 39780-1618P2C40) Deposit Account Name: Heller Ehrman White & McAuliffe LLP					
The Commissioner is authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments					
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims		Extra Claims	Fee from below	Fee Paid	
Independent Claims					
Multiple Dependent					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$)
**or number previously paid, if greater; For Reissues, see above					
				Other fee (specify)	
				* Reduced by Basic Filing Fee Paid	
				SUBTOTAL (3)	(\$) 640.00

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Daphne Reddy	Registration No. (Attorney/Agent)	53,507
Signature	<i>Daphne Reddy</i>	Date	April 14, 2004
		Telephone	650-324-7000
		Customer No.	35489

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop ___, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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